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NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
N.C. VITAL RECORDS

## CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 03495 LOCAL NO. 873 COUNTY OF DEATH Forsyth STATE FILE NO. \_\_\_\_\_

DECEDENT	DECEDENT'S LEGAL NAME					
	1a. FIRST <b>Sylvia</b>	1b. MIDDLE <b>Ann</b>	1c. LAST <b>Lagle</b>	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE <b>Everhardt</b>	
TYPE/PRINT IN PERMANENT BLACK, BLUE, BLACK OR BLUE INK	2. SEX <b>F</b>	3a. AGE-LAST BIRTHDAY (Yrs) <b>77</b>	3b. UNDER 1 YEAR Months _____ Days _____	3c. UNDER 1 DAY Hours _____ Minutes _____	4. DATE OF BIRTH (Month/Day/Year) <b>February 10, 1941</b>	
	5. BIRTHPLACE (County/State or Foreign Country) <b>Davie/NC</b>				6. DATE OF DEATH (Month/Day/Year) <b>July 27, 2018</b>	
NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)	PLACE OF DEATH (Check only one)					
	7a. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____					
	7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL					
	7c. FACILITY NAME (If not institution, give street and number) <b>Kate B Reynolds Hospice Home</b>		7d. CITY OR TOWN <b>Winston Salem</b>		7e. COUNTY OF DEATH <b>Forsyth</b>	
	8. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE (Give name prior to first marriage)		10a. DECEDENT'S USUAL OCCUPATION (Do not use retired) <b>Secretary</b>	
	11. SOCIAL SECURITY NUMBER [REDACTED]		12a. RESIDENCE-STATE OR FOREIGN COUNTRY <b>North Carolina</b>		12b. COUNTY <b>Davie</b>	
	12c. CITY OR TOWN <b>Mocksville</b>		12d. STREET AND NUMBER <b>363 Gladstone Road</b>		12e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	12f. ZIP CODE <b>27028</b>		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input checked="" type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____		16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____	
	17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) <b>Phillip Hamilton Everhardt</b>			18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) <b>Annie Belora Foster</b>		
19a. INFORMANT'S NAME <b>Billy Lagle</b>			19b. RELATIONSHIP TO DECEDENT <b>Son</b>			
19c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>152 Guy Gaither Road Harmony, NC 28634</b>						
DISPOSITION	20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Guilford Cremation Service</b>		20c. LOCATION (City or Town and State) <b>Greensboro, NC</b>	
	21a. SIGNATURE OF FUNERAL DIRECTOR <i>Nicholas P. Miller</i>		21b. LICENSE NUMBER <b>NCFS2920</b>		21c. NAME OF EMBALMER <b>Not Embalmed</b>	
MEDICAL CERTIFICATION	22. NAME AND ADDRESS OF FUNERAL HOME <b>EATON FUNERAL SERVICE, INC. 325 N. MAIN STREET MOCKSVILLE, NC 27028</b>					
	23. Part I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Ovarian Cancer</b> Due to (or as a consequence of) b. _____ Due to (or as a consequence of) c. _____ Due to (or as a consequence of) d. _____ UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST					
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
BURIAL/CREMATION PERMIT	24a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	25. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined		26a. WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26b. IF YES <input type="checkbox"/> Declined by Medical Examiner	
MEDICAL EXAMINER ONLY	27. TIME OF DEATH (Approximate) <b>3:45 PM</b>		28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		29. IF FEMALE: <input type="checkbox"/> Pregnant at time of death <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
	30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31d. PLACE OF INJURY—at home, farm, street, factory, office, building, etc.	
	31f. DESCRIBE HOW INJURY OCCURRED		31g. LOCATION OF INJURY (Street/Number/City/State)			
CERTIFIER	32. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician/nurse practitioner/physician assistant – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner – On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
	33a. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		33b. LICENSE NUMBER <b>2011-00944</b>		33c. DATE SIGNED (Month/Day/Year) <b>7-30-18</b>	
REGISTRAR	34. NAME AND ADDRESS OF CERTIFIER (Print legibly) <b>Corbett M. D. 101 Hospice Ln Winston Salem NC</b>				35. DATE REGISTERED BY STATE	
	34. FOR LOCAL REGISTRAR (Name) <i>[Signature]</i>				35. DATE FILED (Month/Day/Year) <b>AUG 02 2018</b>	
DATE CORRECTED (Mo/Day/Yr)					ITEM(S) CORRECTED:	
DATE AMENDED (Mo/Day/Yr)					ITEM(S) AMENDED:	



File No.

18 E 280

In The General Court Of Justice  
Superior Court Division  
Before the Clerk

## STATE OF NORTH CAROLINA

DAVIE County

## IN THE MATTER OF THE ESTATE OF:

Name

SYLVIA EVERHARDT LAGLE

## LETTERS

TESTAMENTARY

G.S. 28A-6-1; 28A-6-3; 28A-11-1; 36C-2-209

The Court in the exercise of its jurisdiction of the probate of wills and the administration of estates, and upon application of the fiduciary, has adjudged legally sufficient the qualification of the fiduciary named below and orders that Letters be issued in the above estate.

The fiduciary is fully authorized by the laws of North Carolina to receive and administer all of the assets belonging to the estate, and these Letters are issued to attest to that authority and to certify that it is now in full force and effect.

Witness my hand and the Seal of the Superior Court.

Name And Address Of Fiduciary 1

LISA LAGLE MARKLAND  
175 WILLMAT LANE  
MOCKSVILLE, NC 27028

Date Of Qualification

08/28/2018

Clerk Of Superior Court

ELLEN E DRECHSLER

Title Of Fiduciary 1

CO-EXECUTOR

EX OFFICIO JUDGE OF PROBATE

Name And Address Of Fiduciary 2

WILLIAM H LAGLE, JR  
152 GUY GAITHER ROAD  
HARMONY, NC 28634

Date Of Issuance

Signature

Title Of Fiduciary 2

CO-EXECUTOR



Deputy CSC



Assistant CSC



Clerk Of Superior Court

SEAL

**NOTE:** This letter is not valid without the official seal of the Clerk of Superior Court.

AOC-E-403, Rev. 7/06

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